Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Elicotive dandary 1, 2000												
		CLAIMS AS	S FILED - PART I (Column 1)		(Column 2)			SMALL ENTITY TYPE		OR	OTHER THAN	
TOTAL CLAIMS			DCI					RATE	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		В	ASIC FEE	375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			<i>⊙</i> minus 20=		* G'			X\$ 9=		OR	X\$18=	130
INDEPENDENT CLAIMS			minus 3 =		* /			X42=		OR	X84=	ge
MU	LTIPLE DEPEN	IDENT CLAIM P	RESENT					+140=		OR	+280≈	
* If	the difference	in column 1 is	less than ze	ro, ente	r "0" in c	"0" in column 2		TOTAL		OR	TOTAL	19 94
CLAIMS AS AMENDED - PART II											OTHER	
<u></u>		(Column 1)	(Colum			(Column 3)		SMALL ENTITY		OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=]]	X\$ 9≈		OR	X\$18=	
	Independent	*	Minus	***	F.CL AINA			X42≡		OR	-X84=	
<u> </u>	TIROT PRESE	ENTATION OF MULTIPLE DEPENDENT CLAIM						+140=		OR	+280=	
							AD	TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colur	mn 2)	(Column 3)	_					
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	,	X\$ 9=		OR	X\$18=	
	Independent * Minus FIRST PRESENTATION OF MULTIPLE		Minus	PENDENT CLAIM		=		X42=		OR	X84=	
<u> </u>	·	IVIATION OF IM	JETIFLE DEF	CINDEINI	CLAIM			-140=		OR	+280=	
										OR	TOTAL ADDIT. FEE	
		(Column 1)	Visionis	(Colur		(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	······································	=	>	<\$ 9=	į	OR	X\$18=	
	Independent	* NTATION OF MI	Minus	***	CL AIM	=		X42=		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +140=									OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR	TOTAL	
***	n the "Highest Nu The "Highest Nurr	mber Previously P nber Previously Pa	aid For" IN THI id For" (Total or	S SPACE i	is less tha ent) is the	n 3, enter "3." highest numbe			ropriate box		ADDIT. FEE I umn 1.	